

United States Patent and Trademark Office
- Sales Receipt -

04/03/2006 SBLIZZAR 00000007 500246 10028010

~~01 FC:1202 350.00 DA~~
~~02 FC:1201 200.00 DA~~

Adjustment date: 11/03/2006 SFELEKE1
04/03/2006 SBLIZZAR 00000007 500246 10028010
01 FC:1202 350.00 CR
02 FC:1201 200.00 CR

Allen, George (Royal)

From: Mary Keller [mkeller@bitlaw.com]
Sent: Wednesday, September 27, 2006 11:44 AM
To: Allen, George (Royal)
Subject: Fwd: Deposit Acct. 500246 [X200606137151]

George,

I sent an email to the address below today in follow up to the reference number listed above. They wrote back and referred me to you. Could you please update me on the status of our request?

Thanks for your help.
Mary Keller

Begin forwarded message:

From: "DaAdmin" <DaAdmin@USPTO.GOV>
Date: June 14, 2006 9:36:16 AM CDT
To: mkeller@bitlaw.com
Subject: Re: Deposit Acct. 500246 [X200606137151]

Your request has been forward to Refunds for processing to the program area that charged the fees. A letter will be sent when refund request has been reviewed and/or credit back to deposit account.

Thank you,
6500

Deposit Account Branch (571) 272-

-----Original Message-----

From: Mary Keller
Sent: Tuesday, June 13, 2006 4:14 PM
To: DaAdmin
Subject: Deposit Acct. 500246

On our April 2006 statement there were two charges on 4/3 for our docket #2451. We filed a response to Office Action on 2/17/2006. The first charge of \$350 covered 7 additional claims for a large entity, and the second charge was for \$200, covering one independent claim for a large entity.

Our client is a small entity and we included payment with the response (copy of cashed check attached) in the amount of \$500, which was in payment of \$175 (\$25 x 7 additional claims), \$100 (\$100 x 1 additional independent claim) and \$225 (two-month extension fee) all for small entity. A copy of our fee transmittal is also attached for your reference.

\$ 550.00

9/27/06

BEST AVAILABLE COPY

Please credit these amounts back to our Deposit Account as soon as possible. If you have any questions, please feel free to contact me.

Thank you for your assistance.

Mary Keller
Beck & Tysver, P.L.L.C.
2900 Thomas Ave. S., Suite 100
Minneapolis, MN 55416
612-915-9633
Fax: 612-915-9637

9/27/06

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$500.00

Complete If Known

Application Number 10/028,010
Filing Date 12/21/2001
First Named Inventor Steven R. Soltis
Examiner Name Chirag R. Patel
Art Unit 2141
Attorney Docket No. 2451

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 500246 Deposit Account Name: Beck & Tysver, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims Extra Claims Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = 7 x 25 = 175

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

Fee Paid (\$)

- 3 or HP = 1 x 100 = 100

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): Two-month Extension of Time (small entity)

\$225

SUBMITTED BY

Signature



Registration No. 35,728
(Attorney/Agent)

Telephone 812-915-8633

Name (Print/Type)

Daniel A. Tysver

Date 1/17/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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